



Bureau of Alcoholic Beverages  
Division of Liquor Licensing & Enforcement  
164 State House Station  
Augusta, ME 04330-0164  
Tel: (207) 624-7220 Fax: (207) 387-3424

**BOTTLE CLUB REGISTRATION APPLICATION**

\$50.00 – Check Payable: Treasurer State of Maine

**PRESENT REGISTRATION EXPIRES** \_\_\_\_\_

**BUREAU USE ONLY**

Reg. # assigned:
Deposit Date:
Amt. Deposited:
CK/Mo/Cash:

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

*Please Print Clearly*

<b>1. APPLICANT (S)</b> -(Sole Proprietor, Corporation, Limited Liability Co.  <b>DOB:</b>  <b>DOB:</b>  <b>DOB:</b>  <b>Address:</b>  <b>City/Town</b> <b>State</b> <b>Zip Code</b>  <b>City/Town</b> <b>State</b> <b>Zip Code</b>  <b>Telephone Number</b> <b>Fax Number</b>  <b>Federal I.D.#</b>	<b>2. Business Name (DBA)</b>    <b>Location (Street Address)</b>  <b>City/Town</b> <b>State</b> <b>Zip Code</b>  <b>Mailing Address:</b>  <b>City/Town</b> <b>State</b> <b>Zip Code</b>  <b>Business Telephone Number</b> <b>Fax Number</b>  <b>Sellers Certificate #</b>
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3. Is applicant (s) a corporation? Yes ( ) No ( )                      If **YES** complete Supplementary Corporate Questionnaire.

4. Is applicant (s) a non-profit club? Yes ( ) No ( )                      If **YES** complete Supplementary Club Questionnaire.

5. Does applicant (s) own the premises? Yes ( ) No ( ) If **NO** give name and address of owner.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

6. What are the regular days and hours your establishment is operated as a Bottle Club ?

Days: Sun Mon Tue Wed Thurs Fri Sat

Hours: \_\_\_\_\_

7. List name, date of birth, place of birth for all applicants and managers. Give maiden name if married:

Name in full (Print Clearly)	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & State)

Use a separate sheet of paper if necessary.

8. Has applicant(s) or managers(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? YES ( ) NO ( )

Name: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

9. Has any other person any interest, directly or indirectly, in your business? YES ( ) NO ( )

10. Has applicant(s) formerly held a Maine liquor license? YES ( ) NO ( )

**NOTE:** " I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the criminal code, punishable by confinement of up to one year or by monetary fine of up to \$2,000.00 or both.

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/ Town Day Year

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Names of Applicant(s) or Corporate Officer(s)

STATE OF MAINE

Dated at: \_\_\_\_\_, Maine: \_\_\_\_\_ ss On: \_\_\_\_\_  
City/Town County Date

The undersigned being: ( ) Municipal Officers ( ) County Commissioners of the  
( ) City ( ) Town ( ) Plantation ( ) Unincorporated Place of: \_\_\_\_\_, Maine

Hereby approve said application in accordance with provisions of Title 28-A, MRS Section 161A as amended.

Signature

Print

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_